

PLEASE ANSWER AFTER THE QUESTION BY UNDERLINING THE ANSWER

Signed name:.....Social security number:.....
Medical consulting that you came for:..... Body temperature upon entry:.....°C

I, the undersigned declare under penalty of perjury:

- 1. Have you experienced fever, coughing or other respiratory symptoms, disturbance in smelling/tasting, weakness, muscle aches in the last two weeks? Yes No
- 2. Have you had contact with a person in the last two weeks who is COVID-19 positive? Yes No
- 3. Have you had contact with a person in the last two weeks who has been quarantined? Yes No
- 4. Do you have any knowledge of you being infected with COVID-19? Yes No
- 5. Have you been hospitalized in the last month in a hospital, nursing home or other social institution? Yes No
- 6. Have you been abroad in the last two weeks? Yes No
If so, please indicate when and which foreign country have you been to?
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- 7. Have you had SARS CoV-2 coronavirus PCR assay test? Yes No
If so, when was it performed and with what results?
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Date: 2020.

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Pre-triage performed by

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Signature (or parent/guardian)